

12/05/2004



1657

L Blaine Lankford  
Primary Examiner  
United States Patent and Trademark Office

Daniel J. Benedict  
Lorna S. Mosse  
3037 S. Princeton Ave., 3 R  
Chicago, IL 60616

In the matter of **Patent Application 10/056,662:**

Dear Mr. Lankford, Jr.,

**We have revoked the power of attorney for Andrew Crain, Patent Practitioner in the firm of Thomas, Kayden, Horstemeyer & Risley, L.L.P., as of 12/05/2004.**

The revocation of the power of attorney forms (PTO/SB/82) have been mailed to the Commissioner of Patents on 12/05/2004 with the signatures of the inventors and applicants. They should arrive via US Postal Service later this week. Find enclosed with this fax a copy of the forms.

**Would you please be kind enough to inform us as to how much time we have to engage a new patent practitioner to file a preliminary amendment?**

Thank you for your courteous service and response.

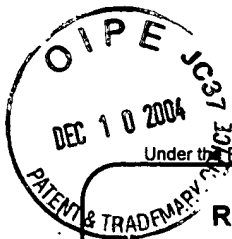
Sincerely,

Daniel J. Benedict – Inventor

Handwritten signature of Daniel Benedict in cursive script.

Lorna S. Mosse – Inventor

Handwritten signature of Lorna S. Mosse in cursive script.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/056,662
Filing Date	01/23/2002
First Named Inventor	Daniel J. Benedict
Art Unit	1651
Examiner Name	L. Blaine Lankford
Attorney Docket Number	140205-1010

**I hereby revoke all previous powers of attorney given in the above-identified application.** ✓☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number:☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:**OR**☒ Firm or  
Individual Name

Daniel J. Benedict

Address

3037 S. Princeton Ave., 3R

City

Chicago

State

Illinois

Zip

60616

Country

USA

Telephone

312-949-1602

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

*Daniel Benedict*

Name

Daniel Benedict

Date

12/05/2004

Telephone

312-949-1602

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/056,662
Filing Date	1/23/2002
First Named Inventor	Daniel J. Benedict
Art Unit	1651
Examiner Name	L. Blaine Lankford
Attorney Docket Number	140205-1010

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☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Loma S. Mosse				
Address	3037 S. Princeton Ave., 3R				
City	Chicago	State	Illinois	Zip	60616
Country	USA				
Telephone	312-949-1602	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Loma S. Mosse				
Date	12/05/2004	Telephone	312-949-1602		

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